

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
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12		/					62						
13		/					63						
14		/					64						
15		/					65						
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17		/					67						
18		/					68						
19		/					69						
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32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		21					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						